

J1064 U.S. PTO
12/06/01

12-10-01 A

UTILITY PATENT APPLICATION TRANSMITTAL		<i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No. A-7182
		First Inventor or Application No. PLOURDE ET AL.	
		Title CONTROLLING SUBSTANTIALLY CONSTANT BUFFER CAPACITY FOR PERSONAL VIDEO RECORDING WITH CONSISTENT USER INTERFACE OF AVAILABLE DISK SPACE	
		Express Mail Label No. EV038882058US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231																	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>58</u>]</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>26</u>]</p> <p>4. Oath or Declaration [Total Pages <u>4</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</p> <p>16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:</p>		<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p>																	
ACCOMPANYING APPLICATION PARTS																			
<p>17. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3">05642</td> </tr> <tr> <td>City</td> <td>STATE</td> <td>TRADEMARK OFFICE</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>				Name				Address	05642			City	STATE	TRADEMARK OFFICE	Zip Code	Country	Telephone	Fax	
Name																			
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J1060 U.S. PTO
12/06/01

Name (Print/type)	KELLY A. GARDNER	Registration No. (Attorney/Agent)	35,147
Signature		Date	DECEMBER 6, 2001

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UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: PLOURDE ET AL.
DOCKET NO.: A-7182
TITLE: CONTROLLING SUBSTANTIALLY CONSTANT BUFFER
CAPACITY FOR PERSONAL VIDEO RECORDING WITH
CONSISTENT USER INTERFACE OF AVAILABLE DISK SPACE

DECEMBER 6, 2001

Fee Transmittal Form

Box PATENT APPLICATION
Commissioner for Patents
P. O. Box 2327
Arlington, VA 22202

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	4	3	1	\$ 84.00	\$ 84.00
Total Claims	46	20	26	\$ 18.00	\$468.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$1,292.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

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EXPRESS MAIL NO.: EV038882058US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

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Commissioner for Patents
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Arlington, VA 22202

on DECEMBER 6, 2001.

Maryellen Licker
Maryellen Licker